

VCU Health System, MCV Hospitals & Physicians
Richmond, VA 23298

CPRD - Production

Depart Summary-Referring

DELANEY, GEORGE L - 6185429

* Final Report *

partial small bowel obstruction, adhesiolysis

Principle Diagnosis-Condition making admission necessary:

partial small bowel obstruction
adhesiolysis

The following procedures were performed:

Discharged On: 09/19/08 12:20:00

Discharge Disposition: Correctional Facility

Information for Referring Provider:

New/Changed/Refilled Medications

Printed Medication

Med Details

docusate

100 mg by mouth every 12 hours

Hydromorphone (Dilaudid)

4 mg by mouth every 3 hours
Pain/discomfort

* indicates this medication has printed in the last 36 hours.

Printed by: Griffin LPN, Linda
Printed on: 9/19/2008 13:33

Page 2 of 3
(Continued)

[00151]

VCU Health System, MCV Hospitals & Physicians
Richmond, VA 23298

CPROD - Production

Depart Summary-Referring

DELANEY, GEORGE L - 6185429

* Final Report *

Result Type: Depart Summary-Referring
Date: 19 September 2008 13:32
Status: Modified
Subject: Depart Summary-Referring
Author: Griffin LPN, Linda on 19 September 2008 13:32
Encounter info: 706800623521, VCUHS, IP, 9/5/2008 -

* Final Report *

Depart Summary-Referring (Verified)

VCU Health System
Inpatient Depart Summary--For the Referring Provider

PERSON INFORMATION

Name: DELANEY, GEORGE L

Age: 48 Years

DOB: 9/1/1960 12:00 AM

MRN: 6185429

Sex: M

Language:

Admission Date: 9/05/2008 11:26 PM

Enc Type: IP

Acct: 706800623521

Visit Reason: SMALL BOWEL OBSTRUCTION

Medical Service: IP-Trauma Surgery

Primary Care Provider: MARSH MD, ROBERT L

Attending Physician: DUANE MD, THERESE M

Referring Provider: SELF MD, REFERRED

Address:

Allergy Information:

Phenergan

Immunizations:

Admitting Diagnosis:

Printed by: Griffin LPN, Linda
Printed on: 9/19/2008 13:33

Page 1 of 3
(Continued)

[00152]

Prison
Health
Services, Inc.

UTILIZATION MANAGEMENT REFERRAL REVIEW FORM

PHS

This form must be Complete and Legible. You must
Please send this form with the Authorization Letter to the service provider at the time of the Appointment

DEMOGRAPHICS

Site Name & Number: GREENSVILLE CORRECTIONAL CENTER 019		Patient Name: (Last, First) DELANEY, George	Today's Date: (mm/dd/yy) 05/22/08
Site Phone # 434- 535 - 7000		Inmate # 374390	Date of Birth: (mm/dd/yy) 05/16/08
Site Fax # 434 - 535 - 7086		SS Number	PHS Custody Date: (mm/dd/yy) 05/16/08
Will there be a charge? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	
		Responsible Party: <input checked="" type="checkbox"/> PHS <input type="checkbox"/> Health Ins. (Excludes Medicare/Medicaid Managed Care alternative plans) <input type="checkbox"/> Auto Ins. <input type="checkbox"/> Other, be specific (Excludes Medicare, Medicaid and Veterans Administration Services):	

CLINICAL DATA

Requesting Provider: <input type="checkbox"/> Physician <input type="checkbox"/> NP, PA <input type="checkbox"/> Dental		History of Illness/Injury/symptoms with Date of Onset: 11m c up Urinary catheter colostomy '97 recent episode of SBO & hospitalization past 3 years - Needs enema for bowel stricture Noted in 2003 no further info.
Facility Medical Director Signature and Date: 		
<input type="checkbox"/> Service meets criteria for "approval via protocol"		
Place a check mark (✓) in the Service Type requested (one only) and complete additional applicable fields.		
<input checked="" type="checkbox"/> Office Visit (OV) <input type="checkbox"/> X-ray (XR) <input type="checkbox"/> Scheduled Admission (SA) <input type="checkbox"/> Outpatient Surgery (OS) <input type="checkbox"/> Dialysis (DA)		Results of a complaint directed physical examination: AAM in NAO 4-5'11 w/150lb Abd - soft w/asc
<input checked="" type="checkbox"/> Routine <input type="checkbox"/> Urgent		
Estimated Date of Service (mm/dd/yy) _____		
(This starts the approval window for the "open authorization period")		
Multiple Visits/Treatments: <input type="checkbox"/> Radiation therapy <input type="checkbox"/> Chemotherapy		Previous treatment and response (including medications): last VU hospitalization 8/18 → 8/19/08 for SBO -
Number of Visits/Treatments: _____ <input type="checkbox"/> Other: _____		
Specialist referred to: GI		
Type of Consultation, Treatment, Procedure or Surgery: FW Urinary Catheter up Stricture		
Diagnosis:		***For security and safety, please do not inform patient of possible follow-up appointments***
ICD-9 code:		
You must include copies of pertinent reports such as lab results, x-ray interpretations and specialty consult reports with this form. <input type="checkbox"/> Pertinent Documents have been attached and faxed.		
UM DETERMINATION: <input type="checkbox"/> Offsite Service Recommended and Authorized		
<input type="checkbox"/> Alternative Treatment Plan (explain here): <input type="checkbox"/> More Information Requested: (See Attached) <input type="checkbox"/> Resubmitted with requested information.		
Regional Medical Director Signature, printed name and date required: _____		
Do not write below this line. For Case Manager and Corporate Data Entry ONLY.		
Cert Type:	Med Class:	CPT code:
		UR Auth #:



Consultation Report

Operator:

Effective Date: January 1, 2000
Procedure #720.2 Attachment #7CONSULTATION REPORTPLEASE BILL TO ANTHEM

VS: 96.7-72-18-129/87@1325

To MCV Yellow
ER
via LifeStar
Per Dr. Gore

Sending Facility:	Greenville Corr Ctr/HU-10 Segregation		Date:	9/5/08	
Offender Name:	Delaney George		Offender #:	374390	
SS#:		DOB:		T/D:	8/22/07
Allergies:	Phenegan				
Current Medications:	Colace 100mg ÷ cap p.o. BID Metamucil Smooth packet ÷ BID Tylenol 500mg ÷ tab p.o. BID				
Referred By:	Dr. V. Gore		Referred To:	MCV - yellow ER	
Medical Complaint:	Abd pain, N & V x 2 ↓ BS all quads				

CONSULTING PHYSICIAN: PLEASE COMPLETE THE FOLLOWING:

Findings:			
Lab or X-ray Results:			
Diagnosis:			
Treatment and Medications Recommended:			
Restrictions:			
Consulting Physician:		Date:	
Follow-up appointment date and time:			

Revision Date: 1/17/07

[00154]

08/04/2008 12:13 FAX

+ BVCC

001/001

08/04/2008 11:04

J57686

CLARK & KR

PAGE 21/21

UTILIZATION

MANAGEMENT REFERRAL REVIEW FORM

Please send this form with the Authorization Letter to the service provider at the time of the Appointment

PHS

DEMOGRAPHICS		
Site Name & Number: GREENSVILLE CORRECTIONAL CENTER 019	Patient Name: (Last, First) DELANEY REORRO	Today's Date: (mm/dd/yy) 7/28/08
Site Phone # 434-535-7000	Invoice # 374390	Date of Birth: (mm/dd/yy) 60
Site Fax # 434-535-7006	SS Number [redacted]	PHS Custody Date: (mm/dd/yy) 05/16/08
Will there be a charge? <input type="checkbox"/> Yes <input type="checkbox"/> No	Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Responsible Party: <input checked="" type="checkbox"/> PHS <input type="checkbox"/> Health Ins. (Excludes Medicare/Medicaid Managed Care alternative plans) <input type="checkbox"/> Auto Ins. <input type="checkbox"/> Other, be specific (Excludes Medicare, Medicaid and Veterans Administration Services): AA
CLINICAL DATA		
Requesting Provider: [Signature] STRIKORBO	History of Illness/Injury/Symptoms with Date of Onset: 48 yrs male with h/o UC - s/p colectomy and remission 1992- 1998. Had multiple admissions to hospital for BO he was seen in GI - 2007. He was seen in GI - 2007. He was seen in GI - 2007. He was seen in GI - 2007.	
Facility Medical Director Signature and Date: [Signature]	Results of a complaint directed physical examination: rectal exam a bleeding - 15 lbs (BMI 18.7) - 15 lbs (BMI 18.7) - 15 lbs (BMI 18.7) - 15 lbs (BMI 18.7)	
<input type="checkbox"/> Service meets criteria for "approval via protocol"	Previous treatment and response (including medications):	
Place a check mark (✓) in the Service Type requested (one only) and complete additional applicable fields.	***For security and safety, please do not inform patient of possible follow-up appointments***	
<input type="checkbox"/> Office Visit (OV) <input type="checkbox"/> X-ray (XR) <input type="checkbox"/> Scheduled Admission (SA)		
<input type="checkbox"/> Outpatient Surgery (OS) <input type="checkbox"/> Dialysis (DA)		
<input checked="" type="checkbox"/> Routine <input type="checkbox"/> Urgent		
Estimated Date of Service (mm/dd/yy):		
(This starts the approval window for the "open authorization period")		
Multiple Visits/Treatments: <input type="checkbox"/> Radiation therapy <input type="checkbox"/> Chemotherapy		
Number of Visits/Treatments: <input type="checkbox"/> Other:		
Specialist referred to: MEV		
Type of Consultation, Treatment, Procedure or Surgery: for plan of UC s/p surgery and BO.		
Diagnosis:		
ICD-9 code:		
You must include copies of pertinent reports such as lab results, x-ray interpretations and specialty consult reports with this form.		
<input type="checkbox"/> Pertinent laboratory results have been attached and faxed.		
UM DETERMINATION		
<input type="checkbox"/> Alternative Treatment Plan (explain here):	<input type="checkbox"/> Original Service Recommended and Authorized	
<input checked="" type="checkbox"/> Information Requested: (See Attachment)	Please fax pertinent old records including recent FU (GI) note. What medication is he on currently?	
<input type="checkbox"/> Resubmitted with requested information.	[Signature] Abraham Toklu 8/4/08	
Regional Medical Director Signature, printed name and date required:	Do not write below this line. For Case Manager and Corporate Data Entry ONLY.	
Cart Type: M and Class:	CPT code: 99210	DR Auth #:

VCU Health System, MCV Hospitals & Physicians
Richmond, VA 23298

CPROD - Production

Depart Summary-Patient

DELANEY, GEORGE L - 6185429

* Final Report *

Result Type: Depart Summary-Patient
Date: 19 August 2008 11:54
Status: Modified
Subject: Depart Summary-Patient
Author: Griffin LPN, Linda on 19 August 2008 11:54
Encounter info: 706800616283, VCUHS, IP, 8/18/2008 -

* Final Report *

Depart Summary-Patient

VCU Health System
Inpatient Depart Summary-For the Patient

PERSON INFORMATION

Name: DELANEY, GEORGE L
MRN: 6185429
Admission Date: 8/18/2008 2:54 AM

Age: 49 Years
Sex: M
Enc Type: IP

DOI: 1959 12:00 AM
Language:
Acct: 706800616283

Visit Reason: SMALL BOWEL OBSTRUCTION
Medical Service: IP-Trauma Surgery
Primary Care Provider: MARSH MD, ROBERT L
Attending Physician: WHELAN JR MD, JAMES F

Address:

Allergy Information:
Phenergan

Immunizations:

BP 103/64 P 53 R-15
T98

Order returned from MCO
Resume Med. Care
distress

VCU Health Systems thanks you for allowing us to assist you with your healthcare needs.

Visit our website at: www.vcuhealth.org.

If you have any new symptoms, changes in your condition, or questions, please contact your Primary Care Provider.
If you need to reach a Health Care Provider in the hospital, call (804) 828-0951 and ask the operator to page the

Printed by: Griffin LPN, Linda
Printed on: 8/19/2008 11:55

Page 1 of 5
(Continued)

VCU Health System, MCV Hospitals & Physicians
Richmond, VA 23298

CPROD - Production

Depart Summary-Patient

DELANEY, GEORGE L - 6185429

* Final Report *

Provider on call for IP-Trauma Surgery.

The following information will help you care for yourself after leaving the hospital.

Admitting Diagnosis:

Possible Small Bowel Obstruction

You were hospitalized for the following condition(s):

You were admitted to the hospital with a possible small bowel obstruction.

The following procedures were performed:

Discharged On: 08/19/08 11:03:00

Discharge Disposition: Correctional Facility

New/Changed/Refilled Medications

DISCHARGE INFORMATION

Provider Instructions

Dictating Provider: KING MD, ASHLEY B

Provider Discharge Instructions: You are medically stable to be discharged from the hospital. If similar

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Printed on: 8/19/2008 11:55

Page 2 of 5
(Continued)

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VCU Health System, MCV Hospitals & Physicians
Richmond, VA 23298

CPROD - Production

Depart Summary-Patient

DELANEY, GEORGE L - 6185429

* Final Report *

Provider Discharge Instructions:	You are medically stable to be discharged from the hospital. If similar symptoms present again return to the hospital.
Med Profile Reviewed:	Yes
Call 911:	DO NOT DRIVE yourself to the ER
Call the doctor if you have:	Difficulty breathing, shortness of breath, Severe abdominal pain, Sudden, severe pain anywhere in the body
Or a temperature over:	101.5 DegF
Discharge Diet:	Other: Resume your current diet, exclude all vegetables and include a nutritional supplement with each meal.
Restrictions:	None
Exercise:	No strenuous exercises.
Lifting weight:	No heavy lifting.
Additional Info - Provider:	Follow-up with Trauma Surgery if symptoms persist after discharge. Continue with your home medications after discharge.

Nursing Instructions

Other Instructions

Follow-up Appointments

Printed by: Griffin LPN, Linda
Printed on: 8/19/2008 11:55

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(Continued)

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VCU Health System, MCV Hospitals & Physicians
Richmond, VA 23298

CPROD - Production

Depart Summary-Patient

DELANEY, GEORGE L - 6185429

* Final Report *

Written Instructions Provided to the Patient:

Additional Information

If you have heart failure follow the instructions from your provider. Remember to weigh yourself every morning after you go to the bathroom and write the result in a daily log. If you gain 4-5 pounds or more in a week, call your doctor.

If you or a member of your household currently smoke, or have smoked within the past 12 months, you and/or your household member are advised to quit smoking. Please ask your healthcare provider for more information. For further resources in the community visit the Smoke-Free Virginia website (www.smokefreevirginia.org) or call 1-877-856-5177.

Call your doctor if you have changes in your mental health status (unusual behavior, confusion, feelings or thoughts of suicide). You may also call the National Suicide Prevention Lifeline. This is a 24-hour, toll-free suicide prevention service available to anyone in suicidal crisis. If you need help, please dial 1-800-273-TALK (8255). You will be routed to the closest possible crisis center in your area.

Home care service options were reviewed with me ☐ YES ☐ NO

I understand the information given to me ☐ YES ☐ NO

I have received all my personal belongings ☐ YES ☐ NO

Patient/Caretaker: _____ Date: _____

Printed by: Griffin LPN, Linda
Printed on: 8/19/2008 11:55

Page 4 of 5
(Continued)

VCU Health System, MCV Hospitals & Physicians
Richmond, VA 23298

CPROD - Production

Depart Summary-Patient

DELANEY, GEORGE L - 6185429

* Final Report *

(signature)

Nurse: _____ Date: _____

(signature)

Visit our website at: www.vcuhealth.org

Written Instructions

Medication Information

Printed by: Griffin LPN, Linda
Printed on: 8/19/2008 11:55

Page 5 of 5
(End of Report)

[00160]

VCU Health System, MCV Hospitals & Physicians
Richmond, VA 23298

CPROD - Production

Depart Summary-Referring

DELANEY, GEORGE L - 6185429

* Final Report *

Result Type: Depart Summary-Referring
Date: 19 August 2008 11:54
Status: Modified
Subject: Depart Summary-Referring
Author: Griffin LPN, Linda on 19 August 2008 11:54
Encounter info: 706800616283, VCUHS, IP, 8/18/2008 -

* Final Report *

Depart Summary-Referring

VCU Health System
Inpatient Depart Summary--For the Referring Provider

PERSON INFORMATION

Name: DELANEY, GEORGE L

Age: 49 Years

DOB: 1959.12.00 AM

MRN: 6185429

Sex: M

Language:

Admission Date: 8/18/2008 2:54 AM

Enc Type: IP

Acct: 706800616283

Visit Reason: SMALL BOWEL OBSTRUCTION

Medical Service: IP-Trauma Surgery

Primary Care Provider: MARSH MD, ROBERT L

Attending Physician: WHELAN JR MD, JAMES F

Referring Provider: SELF MD, REFERRED

Address:

Allergy Information:

Phenergan

Immunizations:

Admitting Diagnosis:

Possible Small Bowel Obstruction

Printed by: Griffin LPN, Linda
Printed on: 8/19/2008 11:56

Page 1 of 2
(Continued)

[00161]

VCU Health System, MCV Hospitals & Physicians
Richmond, VA 23298

CPROD - Production

Depart Summary-Referring

DELANEY, GEORGE L - 6185429

* Final Report *

Principle Diagnosis-Condition making admission necessary:

You were admitted to the hospital with a possible small bowel obstruction.

The following procedures were performed:

Discharged On: 08/19/08 11:03:00

Discharge Disposition: Correctional Facility

Information for Referring Provider:

New/Changed/Refilled Medications

To reach providers in the VCU Health Systems,
call Telepage at 804 828-0951 and page the specific provider or have the specific provider call 1-800-762-6161.
VCUHS provider numbers can also be accessed via the web at: www.vcuhealth.org.

Printed by: Griffin LPN, Linda
Printed on: 8/19/2008 11:56

Page 2 of 2
(End of Report)

[00162]

VCU Health System, MCV Hospitals & Physicians
Richmond, VA 23298

CPROD - Production

Depart Summary-Referring

DELANEY, GEORGE L - 6185429

* Final Report *

Result Type: Depart Summary-Referring
Date: 19 August 2008 11:54
Status: Modified
Subject: Depart Summary-Referring
Author: Griffin LPN, Linda on 19 August 2008 11:54
Encounter info: 706800616283, VCUHS, IP, 8/18/2008 -

* Final Report *

Depart Summary-Referring

VCU Health System
Inpatient Depart Summary--For the Referring Provider

PERSON INFORMATION

Name: DELANEY, GEORGE L

Age: 49 Years

DOI: /1959 12:00 AM

MRN: 6185429

Sex: M

Language:

Admission Date: 8/18/2008 2:54 AM

Enc Type: IP

Acct: 706800616283

Visit Reason: SMALL BOWEL OBSTRUCTION

Medical Service: IP-Trauma Surgery

Primary Care Provider: MARSH MD, ROBERT L

Attending Physician: WHELAN JR MD, JAMES F

Referring Provider: SELF MD, REFERRED

Address:

Allergy Information:

Phenergan

Immunizations:

Admitting Diagnosis:

Possible Small Bowel Obstruction

Printed by: Griffin LPN, Linda
Printed on: 8/19/2008 11:56

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(Continued)

[00163]

VCU Health System, MCV Hospitals & Physic. 3
Richmond, VA 23298

CPROD - Production

Depart Summary-Referring

DELANEY, GEORGE L - 6185429

* Final Report *

Principle Diagnosis-Condition making admission necessary:

You were admitted to the hospital with a possible small bowel obstruction.

The following procedures were performed:

Discharged On: 08/19/08 11:03:00

Discharge Disposition: Correctional Facility

Information for Referring Provider:

New/Changed/Refilled Medications

To reach providers in the VCU Health Systems,
call Telepage at 804 828-0951 and page the specific provider or have the specific provider call 1-800-762-6161.
VCUHS provider numbers can also be accessed via the web at: www.vcuhealth.org.

Printed by: Griffin LPN, Linda
Printed on: 8/19/2008 11:56

Page 2 of 2
(End of Report)

[00164]

UTILIZATION MANAGEMENT REFERRAL REVIEW FORM

Please send this form with **Form** **ust** **complete and Legible. You must Type or Print** **ation Letter to the service provider at the** **of the appointment**

PHS

DEMOGRAPHICS

Site Name & Number: Greenville C.R. - #0019	Patient Name: (Last, First) DeLaney George	Date: (mm/dd/yy) 8.14.08
Site Phone # (434) 535-7000	Alias: (Last, First)	Date of Birth: (mm/dd/yy) 5.19.60
Site Fax # (434) 535-7036	Inmate # 374290	PHS Custody Date: (mm/dd/yy) 5.16.08
Will there be a charge? <input type="checkbox"/> Yes <input type="checkbox"/> No	SS Number	Potential Release Date: (mm/dd/yy)
Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		

Responsible party: ☐ PHS ☐ Health Ins. (Excludes Medicare/Medicaid Managed Care alternative plans)
☐ Auto Ins. ☐ Other, be specific (Excludes Medicare, Medicaid and Veterans Administration Services):

CLINICAL DATA

Requesting Provider: <input type="checkbox"/> Physician <input checked="" type="checkbox"/> NP/PA <input type="checkbox"/> Dental B. Ellis Facility Medical Director Signature and Date: <input type="checkbox"/> Service meets criteria for approval via protocol Place a check mark (✓) in the Service Type requested (one only) and complete additional applicable fields. <input type="checkbox"/> Office Visit (OV) <input type="checkbox"/> X-ray (XR) <input type="checkbox"/> Scheduled Admission (SA) <input type="checkbox"/> Outpatient Surgery (OS) <input type="checkbox"/> Dialysis (DA) <input type="checkbox"/> Routine <input type="checkbox"/> Urgent Estimated Date of Service (mm/dd/yy) _____ (This starts the approval window for the "open authorization period") Multiple Visits/Treatments: <input type="checkbox"/> Radiation therapy Number of Visits/Treatments: _____ <input type="checkbox"/> Chemotherapy <input type="checkbox"/> Other: Specialist referred to: MCV Hand Clinic Type of Consultation, Treatment, Procedure or Surgery: Brachioradialis (D) hand Pinky (D) joint Diagnosis: ICD-9 code: You must include copies of pertinent reports such as lab results, ray interpretations and specialty consult reports with this form <input type="checkbox"/> Pertinent Documents have been attached and faxed.	History of illness/injury/symptoms with Date of Onset: 48yo do deformity of (L) pinky finger playing soft ball @ Augusta Corr Center April 31 '08. Was seen by MD May 1st X-ray ordered and Results of a complaint directed physical examination: finger was bud taped. Pt was transferred to Grace with report of X-ray of finger. Later X-ray report was received May 16 and was negative for fx/dislocation. Previous treatment and response (including medications): Pt continues to do pain and X-ray was reordered by MD which showed changes in the (L) 5th Finger. X-ray report attached. ***For security and safety, please do not inform patient of possible follow-up appointments*** Bud tape, Analgesic
---	---

UM DETERMINATION: <input type="checkbox"/> Alternative Treatment Plan (explain here): <input type="checkbox"/> More Information Requested: (See Attached) <input type="checkbox"/> Resubmitted with requested information.	<input type="checkbox"/> Offsite Service Recommended and Authorized Date resubmitted: _____
Regional Medical Director Signature, printed name and date required: _____ (mm/dd/yy)	

Do not write below this line. For Case Manager and Corporate Data Entry ONLY.

Cent Type:	Med Class:	CPT code:	UR Auth #:
------------	------------	-----------	------------

NAME: DELANEY, GEORGE
MED REC NO: 1368840
SEX: M
DOB: '1959 49Y
ATTENDING MD: DAKE, MICHAEL D
ORDERING MD: OKKOGBO, VICTOR
LOCATION: OUTPATIENT
PT ACCT NO: 003119518664

UNIVERSITY OF VIRGINIA
HEALTH SYSTEM
DEPARTMENT OF RADIOLOGY
CHARLOTTESVILLE, VIRGINIA

TELERADIOLOGY
CONSULTATION REPORT

Page 1 of 2

SIGNED FINAL REPORT

ORDER NO: 90001

EXAMINATION:

TEL 0229 - GREEN CC, OTHER EXAM DT/TIME: Jul 31 2008 12:21PM
Accession No: 7442592 CPT: 000000 00000000

CLINICAL DATA: GREN, DOS 7-30-08, GREN374390, L 5TH FINGER, INJURY ON 4-30-08

FULL RESULT: Exam: 3 views of the fifth digit.

Comparison: No prior studies for comparison.

Findings: Avulsion fragments off the volar plate at the base of the middle phalanx of the 5th digit with mild dorsal ulnar subluxation. No other fractures or malalignment identified. Soft tissues are unremarkable.

IMPRESSION:

1/ Avulsion fragments off the volar plate at the base of the middle phalanx of the 5th digit with mild dorsal ulnar subluxation suggesting capsular injury, age indeterminate.

Curtis Anderson M.D. PhD
Resident Physician, Radiology

TECHNOLOGIST: ac3og
TRANSCRIBED BY: PS4
READING MD: CURTIS ANDERSON
SIGNING MD: CHRISTOPHER M GASKIN

DATE/TIME: Aug 5 2008 1:23P

DATE/TIME: Aug 4 2008 2:52P

DATE/TIME: Aug 5 2008 1:22P

THIS DOCUMENT WAS SIGNED ELECTRONICALLY
A COPY OF THIS DOCUMENT IS ON-LINE IN THE CARECAST ARCHIVE SYSTEM.

BY ELECTRONICALLY SIGNING THIS REPORT, I THE SIGNING PHYSICIAN ATTEST THAT I HAVE PERSONALLY REVIEWED THE FILMS FOR THE ABOVE EXAMINATION(S) AND AGREE WITH THE FINDING(S) AS DOCUMENTED ABOVE.

GREENSVILLE CORRECTIONAL

Ex:

Delaney Georg

1960 Mar 03 M 37439

Se: 1/1

Acc

Tm: 1/1

2008 Jul 3

StdY Tm: 10:08:4

HAND

Lin:DCM / Lin:DCM / Id:ID
W:2590 L:1875

IMAGE MAY NOT BE TO SCALE
SIZES ARE APPROXIMATE

NAME: DELANEY, GEORGE
MED REC NO: 1368840
SEX: M
DOB: /1959 49Y
ATTENDING MD: DAKE, MICHAEL D
ORDERING MD: OKIKOGBO, VICTOR
LOCATION: OUTPATIENT
PT ACCT NO: 003119518664

UNIVERSITY OF VIRGINIA
HEALTH SYSTEM
DEPARTMENT OF RADIOLOGY
CHARLOTTESVILLE, VIRGINIA

TELERADIOLOGY
CONSULTATION REPORT

Page 1 of 2

SIGNED FINAL REPORT

ORDER NO: 90001

EXAMINATION:

TEL 0229 - GREEN CC, OTHER EXAM DT/TIME: Jul 31 2008 12:21PM
Accession No: 7442592 CPT:00000 00000000

CLINICAL DATA: GREN, DOS 7-30-08, GREN374390, L 5TH FINGER, INJURY ON 4-30-08

FULL RESULT: Exam: 3 views of the fifth digit.

Comparison: No prior studies for comparison.

Findings: Avulsion fragments off the volar plate at the base of the middle phalanx of the 5th digit with mild dorsal ulnar subluxation. No other fractures or malalignment identified. Soft tissues are unremarkable.

IMPRESSION:

1. Avulsion fragments off the volar plate at the base of the middle phalanx of the 5th digit with mild dorsal ulnar subluxation suggesting capsular injury, age indeterminant.

Curtis Anderson M.D. PhD
Resident Physician, Radiology

TECHNOLOGIST: ac3cg
TRANSCRIBED BY: PS4
READING MD: CURTIS ANDERSON
SIGNING MD: CHRISTOPHER M GASKIN

DATE/TIME: Aug 5 2008 1:23P
DATE/TIME: Aug 4 2008 2:52P
DATE/TIME: Aug 5 2008 1:22P

THIS DOCUMENT WAS SIGNED ELECTRONICALLY
A COPY OF THIS DOCUMENT IS ON-LINE IN THE CARECAST ARCHIVE SYSTEM.

BY ELECTRONICALLY SIGNING THIS REPORT, I THE SIGNING PHYSICIAN ATTEST THAT I HAVE PERSONALLY REVIEWED THE FILMS FOR THE ABOVE EXAMINATION(S) AND AGREE WITH THE FINDING(S) AS DOCUMENTED ABOVE.

GREENSVILLE CORRECTIONAL

Delaney George

1960 Mar 03 M 374390

Acc:

2008 Jul 30

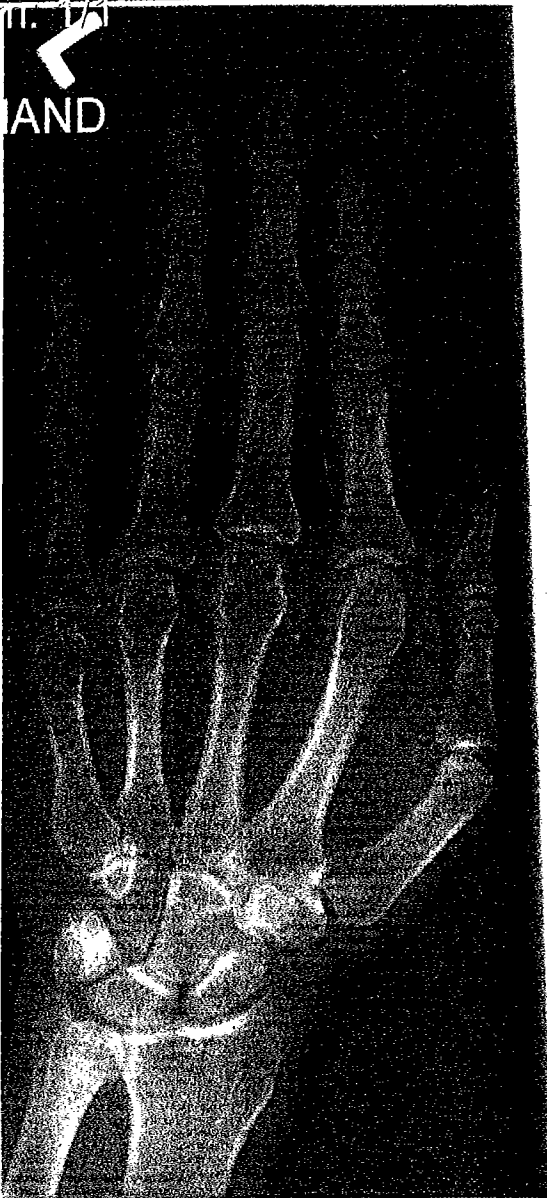
StdY Tm: 10:08:42

Ex:

Se: 1/1

Int: 1/1

AND



Lin:DCM / Lin:DCM / Id:ID
W:2590 L:1875

IMAGE MAY NOT BE TO SCALE
SIZES ARE APPROXIMATE

NAME: DELANEY, GEORGE
MED REC NO: 1368840
SEX: M
DOB: 1959 49Y
ATTENDING MD: DAKE, MICHAEL D
ORDERING MD: OKIKOGBO, VICTOR
LOCATION: OUTPATIENT
PT ACCT NO: 003119518664

UNIVERSITY OF VIRGINIA
HEALTH SYSTEM
DEPARTMENT OF RADIOLOGY
CHARLOTTESVILLE, VIRGINIA

TELERADIOLOGY
CONSULTATION REPORT
Page 1 of 2

SIGNED FINAL REPORT

ORDER NO: 90001

EXAMINATION:

TEL 0229 - GREEN CC, OTHER EXAM DT/TIME: Jul 31 2008 12:21PM
Accession No: 7442592 CPT:00000, . . 00000000

CLINICAL DATA: GREN, DOS 7-30-08, GREN374390, L 5TH FINGER, INJURY ON 4-30-08

FULL RESULT: Exam: 3 views of the fifth digit.

Comparison: No prior studies for comparison.

Findings: Avulsion fragments off the volar plate at the base of the middle phalanx of the 5th digit with mild dorsal ulnar subluxation. No other fractures or malalignment identified. Soft tissues are unremarkable.

IMPRESSION:

1. Avulsion fragments off the volar plate at the base of the middle phalanx of the 5th digit with mild dorsal ulnar subluxation suggesting capsular injury, age indeterminant.

Curtis Anderson M.D. PhD
Resident Physician, Radiology

TECHNOLOGIST: ac3og
TRANSCRIBED BY: PS4
READING MD: CURTIS ANDERSON
SIGNING MD: CHRISTOPHER M GASKIN

DATE/TIME: Aug 5 2008 1:23P
DATE/TIME: Aug 4 2008 2:52P
DATE/TIME: Aug 5 2008 1:22P

THIS DOCUMENT WAS SIGNED ELECTRONICALLY
A COPY OF THIS DOCUMENT IS ON-LINE IN THE CARECAST ARCHIVE SYSTEM.

BY ELECTRONICALLY SIGNING THIS REPORT, I THE SIGNING PHYSICIAN ATTEST THAT I HAVE PERSONALLY REVIEWED THE FILMS FOR THE ABOVE EXAMINATION(S) AND AGREE WITH THE FINDING(S) AS DOCUMENTED ABOVE.

[00170]

NAME: DELANEY , GEORGE
MED REC NO: 1368840
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CONSULTATION REPORT
Page 2 of 2

Christopher Gaskin M.D.
Attending Physician, Radiology

TECHNOLOGIST: ac3og
TRANSCRIBED BY: PS4
READING MD: CURTIS ANDERSON
SIGNING MD: CHRISTOPHER M GASKIN

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[00171]

Aug 5 2008 13:31 P.24

WVA OUTSIDE CONTRACTS Fax: 4349248591

KAPPA
Health
Services, Inc.

UTILIZATION MANAGEMENT REFERRAL REVIEW FORM

PH

Please send this

Form must be Complete and Legible. You must Ty
with the Authorization Letter to the service provic

time of the Appointment

DEMOGRAPHICS

Site Name & Number:

GREENSVILLE CORRECTIONAL
CENTER 019

Site Phone

434-535-7000

Site Fax

434-535-7086

Patient Name: (Last, First)

DELANEY REORRO

Inmate

374390

SS Number

-

Today's Date: (mm/dd/yy)

7/28/08

Date of Birth: (mm/dd/yy)

1/60

PHS Custody Date: (mm/dd/yy)

1/1

Will there be a charge?

☐ Yes ☐ No

Sex

☒ Male ☐ Female

Responsible Party:

☒ PHS ☐ Health Ins. (Excludes Medicare/Medicaid Managed Care alternative plans)☐ Auto Ins. ☐ Other, be specific (Excludes Medicare, Medicaid and Veterans Administration Services):

CLINICAL DATA

Requesting Provider:

☒ Physician☐ NP, PA☐ Dental

ORIKORBO

Facility Medical Director Signature and Date:

☐ Service meets criteria for "approval via protocol"Place a check mark (✓) in the Service Type requested (one only)
and complete additional applicable fields.☐ Office Visit (OV)☐ X-ray (XR)☐ Scheduled Admission (SA)☐ Outpatient Surgery (OS)☐ Dialysis (DA)☒ Routine☐ Urgent

Estimated Date of Service (mm/dd/yy)

(This starts the approval window for the "open authorization period")

Multiple Visits/Treatments:

☐ Radiation therapy☐ Chemotherapy

Number of Visits/Treatments:

☐ Other:

Specialist referred to:

MEV
GI

Type of Consultation, Treatment, Procedure or Surgery:

for Flh of UC of P
surgery and BO.

Diagnosis:

ICD-9 code:

You must include copies of pertinent reports such as lab results,
x-ray interpretations and specialty consult reports with this form.☐ Pertinent Documents have been attached and faxed.

History of illness/injury/symptoms with Date of Onset:

48 yr male with hls
UC - off collecting and
central collecting - 1997-
1998. Had multiple admission
to hospital for BO
He was seen in GI - 2007.
- 4x renal and also pain.

Results of a complaint directed physical examination:

renal pain a bleeding
- 2x nt pass - 15 lbs (3 months)
BO - syst. HT, B St. hatched
surgical seen

Previous treatment and response (including medications):

***For security and safety, please do not inform patient of
possible follow-up appointments***

UM DETERMINATION:

☐ Offsite Service Recommended and Authorized☐ Alternative Treatment Plan (explain here):☐ More Information Requested: (See Attached)☐ Resubmitted with requested information.

Date resubmitted:

Regional Medical Director Signature,
printed name and date required:

Do not write below this line. For Case Manager and Corporate Data Entry ONLY.

Cert Type:

Med Class:

CPT code:

UR Auth #:

VCU Health System, MCV Hospitals & Physicians
Richmond, VA 23298

CPROD - Production

Discharge Summary: Interfaced

DELANEY, GEORGE L - 6185429

* Preliminary Report *

Result Type: Discharge Summary: Interfaced
Date: 20 March 2003 19:45
Status: Transcribed
Subject: DISCHARGE SUMMARY
Encounter Info: 770005993009, VCUHS, Discharged, 2/25/2003 - 2/25/2003

* Preliminary Report *

DISCHARGE SUMMARY

DELANEY, GEORGE L MR#: 6185429
DISCHARGE SUMMARY FIN#: 00035
ADMITTED: 022503
PRINCIPAL DIAGNOSIS: CONSTIPATION.

SECONDARY DIAGNOSIS: ULCERATIVE COLITIS, STATUS POST BOWEL RESECTION.

HISTORY OF PRESENT ILLNESS: MR. DELANEY IS A 46-YEAR-OLD MALE TRANSFERRED FROM AN OUTSIDE HOSPITAL WITH COMPLAINTS OF ABDOMINAL PAIN. FILMS OBTAINED AT THE OUTSIDE HOSPITAL SHOWED AIR-FILLED LOOPS OF SMALL BOWEL CONSISTENT WITH A SMALL BOWEL OBSTRUCTION. THE PATIENT WAS RECENTLY ADMITTED TO MCV FOR SMALL BOWEL OBSTRUCTION AND WAS DISCHARGED ON JANUARY 25, 2003, AND WAS MANAGED CONSERVATIVELY AT THAT TIME. ON PRESENTATION, THE PATIENT REPORTS INTERMITTENT CRAMPINESS, SHARP ABDOMINAL PAIN IN THE RIGHT AND LEFT LOWER QUADRANTS. HE REPORTS HIS LAST BOWEL MOVEMENT THREE HOURS PRIOR TO PRESENTATION AND HE IS CONTINUING TO PASS FLATUS. HE REPORTS THAT SINCE AUGUST, HE HAS HAD BOWEL MOVEMENTS THAT CONTAIN UNDIGESTED FOOD PARTICLES. ON PREVIOUS ADMISSION, THE PATIENT REPORTS A STRICTURE WAS FOUND AT HIS BOWEL ANASTOMOSIS. THE PATIENT DENIES FEVER OR CHILLS.

PAST MEDICAL HISTORY: SIGNIFICANT FOR ULCERATIVE COLITIS, STATUS POST COLECTOMY IN 1997 WITH AN ILEOSTOMY TAKE-DOWN AND ILEOANAL POUCH IN 1998. ALSO A RIGHT INGUINAL HERNIA REPAIR.

CURRENT MEDICATIONS: THE PATIENT NORMALLY TAKES METAMUCIL, PHENERGAN, AND ANUSOL.

ALLERGIES: PHENERGAN.

PHYSICAL EXAMINATION: THE PATIENT IS AFEBRILE WITH NORMAL BLOOD PRESSURE, PULSE, AND RESPIRATIONS. HE HAS A NASOGASTRIC TUBE IN PLACE WHICH IS DRAINING CLEAR FLUID. HEAD AND NECK EXAMINATION IS NORMAL AND LUNGS ARE CLEAR BILATERALLY. HEART IS REGULAR WITH NO MURMURS. THE ABDOMEN IS SLIGHTLY DISTENDED WITH A MIDLINE WELL-HEALED SCAR AND A VENTRAL FASCIAL DEFECT IS PALPABLE. BOWEL SOUNDS ARE PRESENT ALTHOUGH DIMINISHED. THE ABDOMEN IS SOFT, MINIMALLY TENDER, NO REBOUND. THERE ARE NO INGUINAL HERNIAS AND NO

VCU Health System, MCV Hospitals & Physicians
Richmond, VA 23298

CPROD - Production

Discharge Summary: Interfaced

DELANEY, GEORGE L - 6185429

* Preliminary Report *

STOOL IN THE VAULT.

LABORATORY DATA: INITIAL LABORATORY STUDIES REVEALED A WHITE COUNT OF 7.5, HEMOGLOBIN 12.5, PLATELETS 229. URINALYSIS WAS NEGATIVE. BMP WAS DONE WHICH WAS WITHIN NORMAL. TMTTS AS WAS LIVER FUNCTION TESTS. AN ABDOMINAL ACUTE SERIES WAS OBTAINED WHICH REVEALED DILATED LOOPS OF SMALL BOWEL WHICH SEEM DIMINISHED FROM THE IMAGERY OBTAINED AT THE OUTSIDE HOSPITAL.

HOSPITAL COURSE: THE PATIENT WAS ADMITTED TO GENERAL SURGERY FOR CONSERVATIVE MANAGEMENT WHICH CONSISTED OF N.P.O., IV FLUIDS, FOLLOW UP ACUTE SERIES, AND SERIAL ABDOMINAL EXAMINATIONS.

THE PATIENT DID QUITE WELL WITH CONSERVATIVE MANAGEMENT. HE CONTINUED TO PASS FLATULES AND HIS EXAMINATION WAS LARGELY UNCHANGED DURING HIS HOSPITAL STAY.

ON HOSPITAL DAY #2, THE PATIENT WAS PROGRESSSED TO SIPS OF CLEARS WHICH WERE TOLERATED WELL AND THEN HE WAS BEGUN ON A GENERAL DIET. THE N-G TUBE WAS REMOVED AND THE PATIENT TOLERATED HIS GENERAL DIET WELL. DURING THE HOSPITAL COURSE, THE PATIENT REMAINED AFEBRILE WITH NORMAL VITAL SIGNS; HOWEVER, HE CONTINUED TO HAVE SOME VAGUE LOWER ABDOMINAL PAIN WHICH SEEMED TO BE RELIEVED WITH USE OF ADEQUATE BOWEL REGIMEN.

CONDITION ON DISCHARGE: IMPROVED AND STABLE.

DISCHARGE INSTRUCTIONS: 1. FOLLOW UP IN SURGERY CLINIC IN THREE WEEKS. 2. DIET RESTRICTIONS (TO EXCLUDE BEEF, CHEESE, CARROTS, CORN, RED BEANS, TURKEY, POTATO SKINS, STEAMED VEGETABLES, GREEN PEPPERS, OR ONIONS). 3. THE PATIENT WAS TO CONTINUE ON AN ADEQUATE BOWEL REGIMEN AND SEEK MEDICAL ATTENTION AT HIS INSTITUTION FOR ANY RETURN OR EXACERBATION OF SYMPTOMS.

DD: 03/17/2003
DT: 03/18/2003
TL822/JOB: 1342
RD: / /

LAST PAGE

DELANEY, GEORGE L

DISCHARGE SUMMARY

THIS DATA WAS EXTRACTED FROM THE MIS SYSTEM ON 05/10/04 AT 09:09 AM.



VIRGINIA DEPARTMENT
Offender Diet Order

ORRECTIONS

Effective Date: December 1, 2007
Food Service Manual, Chapter #3 Attachment #4

Offender Diet Order

Greensboro

Facility

6/2/08

Date

A therapeutic diet order has been written for:

Offender Name: DELANEY, GEORGE Number: 874390

Please check diet order as written in offender medical record:

☐ Clear Liquid

☐ Full Liquid

☐ Mechanical Soft

☐ Low Sodium

☐ Low Fat/Low Cholesterol

☐ 2000 Calorie ADA Diabetic

HS Snack Bag ☐ Yes ☐ No

☐ Allergy (Food _____)

RAST Test ☐ Yes ☐ No

☒ Other LOW RESIDUE

HSU Approved ☒ Yes ☐ No

NO PROCESSED FOODS, SPICY FOODS, RAW VEGETABLES, CRAB, APPLES, CORNFLEAKS, POACHED EGGS, CEREAL, BEANS, PEANUT BUTTER OR ANY NUTS.

Therapeutic diet order renewal date: 6/4/09

Per Dr. Stephen 1/04/08 / U.M. [Signature]

Health Authority/Designee

6/2/08
Date